

Complaints and Grievance Form

Last reviewed: 27/09/2021

Full Name	
Course	
Student Status (Please tick one) Current Student <input type="checkbox"/> Past Student <input type="checkbox"/> Other (<i>please specify</i>) <input type="checkbox"/>	
Student Number (<i>Current/Past students only</i>)	
Contact Address	
Telephone	
Email	
Statement of Complaint or Grievance (<i>Please explain the nature of your complaint here or attach a statement of your complaint in separate sheet</i>)	

List of documents <i>(Please list all documents which you have attached to support your complaint or grievance)</i>	Received (Admin only)
Nature of redress sought <i>(Please indicate what outcome or further action you would expect.)</i>	
Signature	Date
If this form has not been completed by the person making the complaint, please complete this section:	
Name:	Signature
Relationship to the person making the complaint:	
If this form is being completed by a spokesperson making the complaint on behalf of a group, please complete this section:	
We, the undersigned, authorise the named spokesperson at the top of this form to submit this complaint on our behalf and that we have all been materially affected by the cause of this complaint. We authorise that all communication regarding this procedure should be directed to the spokesperson. This list may be added to.	
Name:	Signature
Name:	Signature
Name:	Signature
Name:	Signature